

Defense Information School ATTN: Academic Records Branch 6500 Mapes Road Fort George G. Meade, Maryland 20755-5000 Phone: (301) 677-4648, DSN: 923-4648 Fax: (301) 677-4290 Email: DINFOSRegistrar@dinfos.osd.mil	Transcript Release Request Data subject to the Privacy Act of 1974 . Authority for this form is Title 10 USC 3012(g), which states: "The Secretary may prescribe regulations to carry out his function, powers and duties under the title." Disclosure of information is voluntary. Nondisclosure may prevent us from sending your transcripts.
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PART I – PERSONAL DATA

Fields A - L must be completed in order to process your transcript request.

a. Last Name		b. First Name			c. Middle Initial	d. Rank
e. Maiden or Former name (<i>If applicable</i>)		f. Birth Date	Day	Month	Year	g. Social Security Number
h. Address						
i. City		j. State			k. Zip Code	
l. Day Phone	m. Evening Phone (<i>Optional</i>)		n. Home Email (<i>Optional</i>)		o. Work Email (<i>Optional</i>)	

PART II - DINFOS COURSE INFORMATION

Provide information for all course requiring transcripts.

	Name of Course	Class #	Class Year	Graduated	
				Month	Year
i.e.	Advanced Electronic Journalism Course - AEJC	010	1998	01	1998
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

PART III – COLLEGE INFORMATION

Official transcript will be sent to the college listed below. Fields A - F must be completed in order to process your transcript request.

a. College Name					
b. Address					
c. City		d. State		e. Zip Code	
f. Day Phone	g. Evening Phone (<i>Optional</i>)		h. Home Email (<i>Optional</i>)		i. Work Email (<i>Optional</i>)

PART IV – STUDENT CERTIFICATION

I authorize the registrar at the Defense Information School to release information concerning my academic records (course, and dates attended).
Signature required to process request.

a. Signature	b. Date
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*** FOR OFFICE USE ONLY ***

Office Control Number:	Date Received: (MM/DD/YY) ____ / ____ / ____	Time received: Hour: ____ Min: ____
Received via: (<i>Circle one</i>) Mail / Fax / Counter	Transcript Mailed: (MM/DD/YY) ____ / ____ / ____	Processed by:

REPLACES DINFOS FORM 306, NOV 98, WHICH IS OBSOLETE

DINFOS FORM 306, JUL 00 (Adobe Acrobat 4.0)